

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
79785764

FILING DATE
02-16-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1					
6	1		1			
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46	1		1			
47	1		1			
48	1		1			
49	1		1			
50	1		1			
TOTAL IND.			2			
TOTAL DER.			35			
TOTAL CLAIMS			37			

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	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.			2			
TOTAL DER.			35			
TOTAL CLAIMS			37			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS